Case 19-17850-amc Doc 92 Filed 11/11/22 Entered 11/11/22 18:58:57 Desc Main AMENDED

	Doc	ument Page 1 o	13
Fill in this information to identify	your case:		
Sarah Washco			
First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:	Eastern District of Penns	ylvania	
Case number 19-17850-jkf			Check if this is:
(If known)			An amended filing
			A supplement showing postpetition chapter 1 income as of the following date:
Official Form 106I	-		MM / DD / YYYY
Schedule I: You	ır Income		12/15
Part 1: Describe Employment information.		Debtor 1	Debtor 2 or non-filing spouse
		200.01	Double 2 of Hell Hilling operate
If you have more than one job, attach a separate page with information about additional employers.	Employment status	☐ Employed	
Include part-time, seasonal, or self-employed work.	Employment status	Not employed	Employed  Not employed
			☐ Not employed
Occupation may include student or homemaker, if it applies.	Occupation		
			Not employed computer programmer
	Occupation		Not employed computer programmer
	Occupation Employer's name		Not employed computer programmer

## Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

State

ZIP Code

PΑ

City 4 yrs State ZIP Code

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

How long employed there?

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross income. Add line 2 + line 3.

For Debtor 1

For Debtor 2 or non-filing spouse

2. \$ 0.00

\$ 14,455.89

4. \$ 0.00

\$ 14,455.89

		F	or Debtor 1			ebtor 2 or iling spouse			
Copy line 4 here	<b> →</b> 4.	\$	0.00			14,455.89			
5. List all payroll deductions:	/ 7.	Ψ			Ψ_				
5a. Tax, Medicare, and Social Security deductions	5a.	\$	0.00		\$	2,756.33			
5b. Mandatory contributions for retirement plans	5b.	Ψ_ \$	0.00	-	Ψ_ \$	0.00			
5c. Voluntary contributions for retirement plans	5c.	\$	0.00	-	\$ \$	432.51			
5d. Required repayments of retirement fund loans	5d.	Ψ <u>-</u> \$	0.00	-	Ψ_ \$	476.88			
5e. Insurance	5e.	\$	0.00	-	\$ \$	1,402.83			
5f. Domestic support obligations	5f.	\$	0.00	-	\$ \$	0.00			
5q. Union dues		\$	0.00	-	\$ \$	0.00			
5g. Official dues  5h. Other deductions. Specify: HSA	5g. 5h.		0.00	-	+ \$	134.33			
local services tax	_ 311.	'⊅_ \$		-	+ \$_	4.33			
401k contributions		Ψ_ \$_		-	\$ \$	432.51			
See continuation page attached		\$	0.00	-	\$_	607.84			
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +	 5h. 6.	\$	0.00	-	\$	6,247.56			
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	φ_ \$	0.00	-	Φ \$	8,208.33			
7. Calculate total monthly take-nome pay. Subtract line o nom line 4.	7.	Φ_		-	Ψ	0,200.00			
8. List all other income regularly received:									
8a. Net income from rental property and from operating a business, profession, or farm									
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$_	0.00	_	\$_	0.00			
8b. Interest and dividends	8b.	\$	0.00		\$	0.00			
8c. Family support payments that you, a non-filing spouse, or a depe	endent	٠.		-	-				
regularly receive			0.00			0.00			
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$_	0.00	-	\$_	0.00			
8d. Unemployment compensation	8d.	\$_	0.00	_	\$_	0.00			
8e. Social Security	8e.	\$_	0.00	-	\$_	0.00			
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant you receive, such as food stamps (benefits under the Supplemen Nutrition Assistance Program) or housing subsidies.  Specify:		\$_	0.00	_	\$_	0.00			
8g. Pension or retirement income	8g.	\$	0.00		\$	0.00			
8h. Other monthly income. Specify:	8h.	Ψ <sub>-</sub>	0.00	-	+\$	0.00			
		, <sub>⊅</sub>	0.00	ī		0.00	1		
9. <b>Add all other income</b> . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$_	0.00	_	\$_	0.00			
10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	. \$_	0.00	+	\$_	8,208.33	= \$	8,20	8.33
11. State all other regular contributions to the expenses that you list in Solinclude contributions from an unmarried partner, members of your household friends or relatives.			dents, your ro	omn	nates, a	and other			
Do not include any amounts already included in lines 2-10 or amounts that	are not a	vailat	ole to pay expe	ense	s listed	I in <i>Schedule J</i> .			
Specify:					-	11.	+ \$		
12. Add the amount in the last column of line 10 to the amount in line 11. Write that amount on the Summary of Your Assets and Liabilities and Cert					•	ome. 12.	С	8,20	
<ul> <li>Do you expect an increase or decrease within the year after you file to No.</li> <li>Yes. Explain:</li> </ul>	his form	?					m	nonthly i	ncome

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**Continuation Sheet for Official Form 106I** 

5h. Other Deductions:

Glen Mills (Non-Filing Spouse) \$130.95

loan (Non-Filing Spouse) \$476.88

Official Form 106l Schedule I: Your Income